



Department of Economic and
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 1 APPLICATION: REQUEST FOR HISTORIC PROPERTY DETERMINATION

1. BUILDING DATA

A. Building name _____

Address: Street _____

Town _____ State _____ Zip _____

B. Date of Construction _____

C. Historic Listing:

☐ Individually listed on the National Register of Historic Places

☐ Individually listed on the State Register of Historic Places

☐ Located in a National Register District, specify: _____

☐ Located in a State Register District, specify: _____

D. Number of residential units: existing _____
total proposed _____ owner occupied _____ rental _____

e. Outbuildings:

Type _____ Number _____ Date of Construction _____

2. OWNER

Name _____

Organization _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____ e-mail _____

FEIN, CT Tax Registration #, OR Social Security # _____

Non-profit housing corporation documentation attached (check one):

☐ copy of certificate of incorporation

☐ copy of certification letter as Community Housing Development Organization (CHDO)

☐ other data, specify: _____

3. OWNER CERTIFICATION

I hereby attest that I am the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner _____ Date _____

OFFICE USE ONLY

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The State Historic Preservation Office has reviewed the Part 1 application, "Request for Historic Property Determination," for the above-named property and has determined that:

The building qualifies as an historic property.

The building does not qualify as an historic property. Comments attached.

The associated outbuilding(s) contributes to the historical significance of the historic home for purposes of calculating qualified rehabilitation expenditures.

The associated outbuilding(s) does not contribute to the historical significance of the historic home for purposes of calculating qualified rehabilitation expenditures. Comments attached.

Authorized signature

Date

SHPO Project # _____